

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1110**

FILED FEB 10 1958

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3425</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Warren</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. LENGTH OF STAY (If in place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		d. STREET ADDRESS (If rural, give location) <u>1221 Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location) <u>1221 Jackson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Jane</u>		b. (Middle) <u>Pettyjohn</u>		c. (Last) <u>Pettyjohn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-19-1958</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>10/25-1872</u>	
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>2</u>		11. DAYS <u>24</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Barren Co., Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Billy Graves</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Gaden</u>		14. NAME OF HUSBAND OR WIFE <u>W.A. Pettyjohn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms Mrs Cochran</u>		18. ADDRESS <u>West Plains</u>		19. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>332X</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral thrombosis</u> DUE TO (c) <u>Cerebral arteriosclerosis</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>332X</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>11/17</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 1955</u> to <u>1/19</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1/17</u> , 19 <u>58</u> , and that death occurred at <u>5:05 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M.L. Joubert</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>West Plains</u>		23c. DATE SIGNED <u>1/27/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>18</u>		24b. DATE <u>1-20-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Manumoth</u>		24d. LOCATION (City/town, or county) (State) <u>Manumoth MO</u>	
DATE REC'D BY LOCAL REG. <u>1-3-58</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3432

P. O. Address West Plains Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.